

1.0 Description of the Service

The Baby Love Maternal Outreach Worker program is an enhancement to the Baby Love program and the Child Service Coordination program. Functioning as a part of the Baby Love and Child Service Coordination team, paraprofessionals offer outreach and support services through home visitation to Medicaid-eligible pregnant women and infants up to one year. This community-based program extends support to isolated and alienated women and children who do not typically receive preventive health services.

The goal of the program is to reduce infant deaths in North Carolina. In addressing this goal, the Maternal Outreach Worker program strives to achieve the following outcomes:

- earlier entry and enrollment into Medicaid, prenatal care, Women Infant and Children (WIC) Special Supplemental Nutrition program, Maternity Care Coordination, Child Service Coordination, and other supportive programs
- improved consistency of care and reduction of missed prenatal and child health appointments
- adoption of healthy behaviors and improved parenting skills
- increased time interval for subsequent pregnancies and reduction in the incidence of unplanned pregnancies.

Maternal Outreach Workers provide the following primary services to program participants:

- health education
- emotional support
- direct services
- referral to community and social service programs

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Pregnant and postpartum women who receive Medicaid and Maternity Care Coordination services are eligible to receive this service.

Note: Postpartum is defined as the period of time from the last day of pregnancy through the last day of the month in which the 60th post-delivery day occurs.

Children age birth to one year who receive Medicaid and Child Service Coordination services are eligible to receive this service.

2.3 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Service is Covered

Maternal Outreach Worker services are covered for:

- Pregnant and postpartum women who are enrolled in the Maternity Care Coordination program.
- Pregnant women who experience a spontaneous abortion (miscarriage), a therapeutic elective abortion, fetal demise or molar pregnancy and who are enrolled in the Maternity Care Coordination program.
- Children age birth to one year who are enrolled in the Child Service Coordination program. The child must be enrolled before the end of the month in which the child is 2 months old.

4.0 When the Service is Not Covered

Maternal Outreach Worker services are not covered when the criteria listed above are not met.

5.0 Restrictions to and Limitations on Coverage

Maternal Outreach Worker activities must be carried out under the supervision and documentation of the Maternity Care Coordinator or Child Service Coordinator. Maternal Outreach Worker services must not include performing the professional Maternity Care Coordinator or Child Service Coordinator assessments.

Maternal Outreach Worker services must be a one-on-one, face-to-face visit in a non-clinic setting. For Maternal Outreach Worker services, a non-clinic setting is defined as the home, school or non-clinic location in the community. Although frequency and duration of services are to be determined by the needs of the client, **a minimum monthly contact is required.**

Before any one-on-one activities between the Maternal Outreach Worker and the client can occur, the following must take place:

1. completion of the Baby Love Maternal Outreach Worker Referral (DMA-3013 Rev. 9/00) or approved equivalent, which has been signed and dated by the supervisor and the Maternal Outreach Worker;

2. development and documentation of an individualized plan of care by the Maternity Care Coordinator or Child Service Coordinator outlining one or more service element(s);
3. completion of the Baby Love Maternal Outreach Worker services Letter of Agreement (DMA-3015 Rev. 7/99), which has been signed and dated by the Maternal Outreach Worker and the client (this is a required state form and a copy must be provided to the client); and
4. completion of the Baby Love Maternal Outreach Worker Enrollment section (DMA-3013 Rev. 9/00) or approved equivalent for Maternal Outreach Worker services, which has been signed and dated by the Maternal Outreach Worker.

Maternal Outreach Worker visits must include one or more of the following service elements:

- Health Education
 - ◆ reviewing health education materials
 - ◆ reinforcing healthy behaviors
 - ◆ encouraging the use of health services
 - ◆ responding to questions or referring to clinic staff, as appropriate, regarding health concerns
- Direct Services
 - ◆ accompanying the client to service agencies/medical services
 - ◆ transporting the client for non-Medicaid reimbursable services
 - ◆ obtaining fuel, food, clothing, etc.
 - ◆ helping the client apply for services
- Emotional Support
 - ◆ listening actively
 - ◆ assisting with problem-solving
 - ◆ supporting the client to be more self-reliant
- Referral to Programs
 - ◆ contacting agencies/individuals on behalf of the client
 - ◆ enabling the client to pursue resources, based on information provided by the Maternal Outreach Worker

Maternal Outreach Workers are also required to provide **monthly** community-based outreach at a rate of 25 percent of the total hours worked per month. Outreach is defined broadly to include any activities that promote health services/programs. Outreach activities may include:

- participating in community health fairs
- promoting agency services through the local media (newspaper, radio, TV)
- making presentations to local schools, churches, and civic organizations
- posting and distributing program flyers in the community
- sharing program information with local businesses, community agencies, and health care providers
- participating in neighborhood and door-to-door canvassing
- identifying family members of their clients who are in need of health services and linking them to services

- advising people in the community about services available for family planning, immunizations, Women, Infant, and Children (WIC) Special Supplemental Nutrition, well child care, etc.

6.0 Eligible Providers

Federally Qualified Health Centers, local health departments, and Rural Health Clinics are eligible to provide this service.

6.1 Agency Qualifications

The Division of Medical Assistance is currently not accepting new applications for the Maternal Outreach Worker program. An application is considered “new” when an agency has allowed their existing program to lapse for six months; their Maternal Outreach Worker position(s) have been vacant for six months; or when an agency has never been approved for a Maternal Outreach Worker program.

6.2 Staffing Qualifications

A qualified Maternal Outreach Worker is:

- a paraprofessional with a high school diploma or the equivalent, who meets at least a Grade 54-job classification; and
- required to attend state-sponsored “Basic Training” within one year of hire date.

7.0 Additional Requirements

7.1 Maternal Outreach Worker Supervision

The Maternal Outreach Worker Supervisor must provide 2 to 4 hours of supervision per week to a full-time Maternal Outreach Worker and 1 to 3 hours of supervision per week to a part-time Maternal Outreach Worker. Maternal Outreach Worker supervision includes the following:

- arranging localized training and orientation of new employees, including but not limited to, orientation to the agency, orientation to the community, accompanying Maternal Outreach Worker on home visits, and developing a resource guide
- assuring that Maternal Outreach Worker staff are knowledgeable about the community served
- conducting regularly scheduled meetings to address the following issues: referrals, caseload size, education and ongoing training needs, problem areas, outreach and community activities, and job performance evaluations
- monitoring quality assurance of staff by performing random chart reviews on a regular basis
- facilitating communication between Maternity Care Coordinator/Child Service Coordinator and Maternal Outreach Worker staff to ensure ongoing discussion regarding identified case needs and delineation of roles and responsibilities between the Maternity Care Coordinator/Child Service Coordinator and the Maternal Outreach Worker
- ensuring that the Maternal Outreach Worker has clinical back-up

- monitoring the Maternal Outreach Worker case load for the following: maximum caseload of 25 to 30 participants, Medicaid eligibility, balance of moderate-to-high needs clients, general appropriateness of referral, and safeguarding against referral of clients that can best be served by the Maternity Care Coordinator or Child Service Coordinator
- conducting job performance evaluations
- participating in relevant state and regional trainings
- meeting with regional and state staff periodically
- assuring all necessary program data for the Maternal Outreach Worker program is collected, including:
 - ◆ the Baby Love Maternal Outreach Worker Referral form
 - ◆ the Baby Love Maternal Outreach Worker services Letter of Agreement
 - ◆ the Baby Love Maternal Outreach Worker Contact Record

7.2 Documentation

At a minimum, the client's record must include of the following:

1. a completed Baby Love Maternal Outreach Worker Referral/Enrollment/Closure form (DMA-3013 Rev. 9/00) or approved equivalent;
2. a completed copy of client's Maternity Care Coordination/Child Service Coordination plan of care listing issues, interventions (such as referrals to needed community resources), outcomes, and plan of care updates on an ongoing basis;
3. a completed Baby Love Maternal Outreach Worker services Letter of Agreement (DMA-3015 Rev. 7/99) (this is a required form);
4. a completed Baby Love Maternal Outreach Worker Contact Record (DMA-3014 Rev. 9/00) or approved equivalent documenting services provided;
5. case conferencing (e.g., narrative notes, signatures on the plan of care); and
6. total service time component (ex: 35 minutes = 2 units).

Outreach activity must also be documented. At a minimum, documentation must include the following:

1. date of outreach activity
2. type of outreach activity
3. amount of time spent performing outreach activity; and
4. name and title of person performing the outreach activity.

When applicable, agencies may opt to develop their own equivalent forms. However, components of the local forms must contain all of the elements of the state-created form(s) and must be approved by the regional social work consultant prior to implementation.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines.

Maternal Outreach Worker services are reimbursed up to seven units per month. One unit = 15 minutes. Maternal Outreach Worker services must be billed per date of service.

The following Maternal Outreach Worker activities will not be reimbursed:

- attempted visits and contacts
- telephone, voice mail, e-mail or written communications (these contacts may be recorded in the client contact record under telephone contacts)
- services to clients who are incarcerated or institutionalized (drug treatment facilities and hospitals)

Maternal Outreach Worker services cannot be reimbursed when provided on the same date as the following services:

- Child Service Coordination
- Home Visit for Newborn Care and Assessment
- Home Visit for Postnatal Assessment and Follow-up Care
- Maternity Care Coordination

8.1 Claim Type

CMS-1500 (HCFA-1500)

8.2 Diagnosis Codes That Support Medical Necessity

V20.1 Other healthy infant or child receiving care
V22.2 Pregnant state, incidental
V24.2 Routine postpartum follow-up

8.3 Procedure Code(s)

HCPCS code S9445 – Patient education, not otherwise classified, non-physician provider, individual, per session

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: October 1, 2002

Revision Information:

Date	Section Revised	Change
07/01/04	Section 8.0	Billing limitation was revised to read that Maternal Outreach Worker services are reimbursed up to seven units per month.
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.